

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003386
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1212**

DO NOT WRITE
ON THIS STUB

AMENDED

1. **FILED FEB 8 1963**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE Mo.	b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Length of stay in 1b 5 Days	
c. CITY OR TOWN St. Louis,	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) 975 Switzer Avenue, Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Walter	Middle H.	Last Davis	Month February	Day 2	Year 1963.
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7-15-1902	9. AGE (last birthday) 60	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor of Platform Scrugg-Vandervoorts			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Charles, Mo.,	12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Harry Hawley Davis	13b. MOTHER'S MAIDEN NAME Caroline Haller	14. NAME OF HUSBAND OR WIFE Divorced
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mrs Ruth Ashford, 975 Switzer Avenue

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		1/29/63
IMMEDIATE CAUSE (a) Cerebral Vascular Accident with Right Hemiplegia		2/2/63
DUE TO (b) 3314		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I.(a)		PART III. If deceased was female was there a pregnancy in last 90 days.
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 11:15 P.M. Month, Day, Year 1/29/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis, Mo. COUNTY St. Louis STATE Missouri
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21. I attended the deceased from 1/29/63 to 2/2/63 and last saw him alive on 2/2/63	
Death occurred at 11:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE George H. Rendleman, M.D. (Degree or title)	22b. ADDRESS 812 Olive St. St. Louis, Mo.	22c. DATE SIGNED 2/4/63
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23a. BURIAL, CREATION, REMOVAL (Specify) Removal	23b. DATE 2-6-1963	23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	23d. LOCATION (City, town, or county) St. Louis, County, Missouri
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24. FUNERAL DIRECTOR Math. Hermann & Son Inc. ADDRESS 2161 E. Fair Ave.	25. DATE RECD. BY LOCAL REG. FEB 4 1963	26. REGISTRAR'S SIGNATURE Paul Smith M.D.
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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Arleford & Burnley

Licensed Embalmer No. 4202

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.